



## Guidance document for processing PM-JAY packages

### Post. Urethral Valve fulguration

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Post. Urethral Valve fulguration	Post. Urethral Valve fulguration	S700113	SU070A	14,000

**ALOS:** 1 day

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB equivalent in (Urology/Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** Tertiary Care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Post. Urethral Valve fulguration**, NHA shall be following these guidelines. This document has been prepared for guidance of processing team and Transaction Management System of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to other relevant material as per the extant professional norms.

### **PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS**

#### **1.1 Objective:**

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### **1.2 Clinical key pointers:**

Proceed with Post. Urethral Valve fulguration only if diagnosis made is backed by clinical manifestation

#### **Clinical symptoms:**

Post. Urethral Valve (PVU) fulguration is bladder obstruction in males that can manifest along a spectrum of severity, ranging from disease incompatible with postnatal to almost entire life.

There are 3 types of PUV:



- **Type I** - Valves representing folds extending inferiorly from the verumontanum to the membranous urethra (~95% of PUVs)
- **Type II** - Bicuspid valves as leaflets radiating from the verumontanum proximally to the bladder neck
- **Type III** - Valves as concentric diaphragms within the prostatic urethra, either above or below the verumontanum (~5% of PUVs)

#### Indications:

- Urinary tract infection (UTI)
- Diurnal enuresis in boys older than 5 years
- Secondary diurnal enuresis
- Voiding pain or dysfunction
- Abnormal urinary stream

#### Diagnosis:

- Prenatal diagnosis through TIFFA scan
- After birth: Palpable urinary bladder, high serum creatinine after 24 hrs.
- Ultrasound KUB and Voiding Cystourethrography (VCU/MCGU) confirms the diagnosis

**Management:** require long term management from early infancy into adulthood to avoid bladder dysfunction and deterioration of both upper and lower urinary tracts.

**Fulguration of Valves-** is the beginning of the treatment. Long term follow ups with the Specialist is important.

**Vesicostomy-** a fulguration with vesicostomy closure are performed at a later date as per the treating surgeon.

**End stage renal disease** in Post Urethral Valves management depends on the severity of the valve and pressure effects on the upper tracts as it is an irreversible change.

### 1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Post. Urethral Valve fulguration
<b>i. At the time of Pre-authorisation</b>	
a. Clinical notes including evaluation findings and planned line of treatment and advice for admission.	Yes

b. Voiding cystourethrogram (VCUG) report to confirm stenosis of posterior urethral valve.	Yes
c. USG/Uroflowmetry report	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Post procedure Imaging (USG) report	Yes
c. Intra procedure clinical photograph	Yes
d. Detailed procedure / operative Notes	Yes
e. Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

**2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

<b>Mandatory document</b>	<b>Post. Urethral Valve fulguration</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the Voiding cystourethrogram (VCUG) report to confirm stenosis of posterior urethral valve submitted?	Yes
c. Was the USG/Uroflowmetry report submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the post procedure Imaging (USG) report submitted?	Yes
c. Was the Intra procedure clinical photograph submitted?	Yes
d. Was Detailed procedure / operative Notes submitted?	Yes
e. Was the Detailed discharge summary submitted?	Yes

## **PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)**



**3.1 Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:**

- a. Was the clinical notes and Voiding cystourethrogram (VCUG) report to confirm stenosis of posterior urethral valve are indicative of the procedure? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

## References

1. Deshpande AV. Current strategies to predict and manage sequelae of posterior urethral valves in children. *Pediatr Nephrol*. 2018 Oct. 33 (10):1651-1661.
2. Bomalaski MD, Anema JG, Coplen DE, Koo HP, Rozanski T, Bloom DA. Delayed presentation of posterior urethral valves: a not so benign condition. *J Urol*. 1999 Dec. 162 (6):2130-2.
3. <https://emedicine.medscape.com/article/1016086-treatment>